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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/976,459 10/10/2001 PAT 6,749,614 which is a CIP of 09/943,636
08/29/2001 PAT 6,899,713
which is a CIP of 09/747,066 12/21/2000 PAT 6,821,277
which claims benefit of 60/213,385 06/23/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 1	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

46333

TITLE

FORMABLE ORTHOPEDIC FIXATION SYSTEM WITH CROSS LINKING

FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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